Athletic Training Educational Journal; 2009;4(1):19-22

www.nataej.org

Situational Supervision for Athletic Training Clinical Education

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Introduction: The medical education model provides the basis for athletic training students to learn theoretical and practical skills. Clinical rotations are completed where they apply what they have learned under the direct supervision of a clinical instructor (CI) or approved clinical instructor (ACI). Approved clinical instructors are taught how to evaluate athletic training students' clinical skills and proficiencies, yet are left to decide for themselves how students should be supervised. No formal supervision training is required for potential CIs/ACIs. Situational Supervision is one potential model that can be used by athletic training educators to provide guidance to CIs/ACIs regarding student supervision. This model provides a method for students to be supervised according to their knowledge base, experience and self-confidence.

Objective: To present the Situational Supervision Model that can be used to develop athletic training students' clinical skills.

Background: Based on Blanchard and Hersey's Situational Leadership, Situational Supervision provides CIs/ACIs with one supervision model that can be used in athletic training clinical education.

Description: As students become more comfortable with clinical skills and mature in motivation and competence, CIs/ACIs need to adapt supervision styles to match the students' progressing development.

Clinical Advantages: Using situational supervision, clinical instruction becomes a cooperative interaction between CIs/ACIs and athletic training students that is dependent on the students' needs and abilities, which may result in higher satisfaction and production for both the students and the CIs/ACIs.

Key words: Situational leadership, clinical education, clinical supervision

Athletic training education combines didactic and clinical courses that provide opportunities for students to learn the art and science of providing health care to the physically active throughout the lifespan.[1] The medical model provides the foundation for athletic training education.[2] Nurses,[3-5] physicians,[6] occupational therapists,[7] speech and hearing pathologists,[8] radiologists,[9] optometrists[10,11] and clinical psychologists[12,13] all use a model of education that combines didactic and practical settings. Each requires clinical rotations that scaffold knowledge preparing students to enter the profession. Students in athletic training education are taught theoretical and practical skills and then complete clinical rotations where they apply what they have learned under the direct supervision of a clinical instructor (CI). Clinical instructors perceive that quality clinical supervision will enhance students' clinical learning experiences.[14] Clinical instructor training however, has not suggested any particular model of clinical supervision to support that predication.

Approved clinical instructors (ACIs) in athletic training must attend an ACI workshop in order to evaluate athletic training students' clinical skills and proficiencies. ACI workshop topics include issues related to the students' curriculum, learning styles, educational competencies and student evaluation.[15] While

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supervision skills are listed as a required part of the ACI workshop, workshop facilitators are left to decide for themselves how ACIs should supervise students. No formal training is required for potential CIs, who also may supervise students' clinical experiences.

Athletic trainers typically supervise their students much the same way they were supervised when they were students. Students have, therefore, been supervised according to the ACIs' level of knowledge and preferred style of supervision without consideration for the students' preferred styles of being supervised.[16] Some supervisors, for example, may let students in their first clinical experience do more than they are prepared to do, while other supervisors may not let students in their last clinical rotation complete tasks for which they are prepared. These circumstances can create an environment of supervision inconsistency and can potentially cause students to be confused and not develop professionally as they complete required clinical experiences under different supervisors. No mechanism has been put in place that encourages athletic training clinical instructors to use a particular model of supervision.[17-20] The purpose of this article is to present the situational supervision model as one potential model of clinical supervision that can be used to develop athletic training students' clinical skills.

Situational Supervision Model

Blanchard et. al. in *Leadership and the One Minute Manager*[21] depicts a Situational Leadership model that may provide a framework for understanding one potential supervision model that can be used in athletic training clinical education. Blanchard's model of leadership is described as situational, in that managers supervise employees according to the worker's skill level, as well as how long the worker has been employed. The terms "directing, coaching, supporting, and delegating"[21] explain the four leadership styles that are utilized by the managers that match the four employee behaviors. The manager's leadership style is dictated by the situation presented. Employees that are new to the work setting and have fewer skills need directing, whereas long-term employees have more skills and may, therefore, be supervised through a delegation style of management.[21]

While athletic training students should not be referred to as employees; this model can be adapted to fit an athletic training clinical learning environment. Termed situational supervision, this model may provide ACIs/CIs with a supervision tool that supports student growth and competence.

The underlying theme of situational supervision is that the ACI/CI should utilize a supervisory style that matches the athletic training student's developmental level. Therefore, as a student matures in knowledge, motivation and competence, the ACI/CI needs to use the appropriate supervision style to balance the student's development.[22-23]

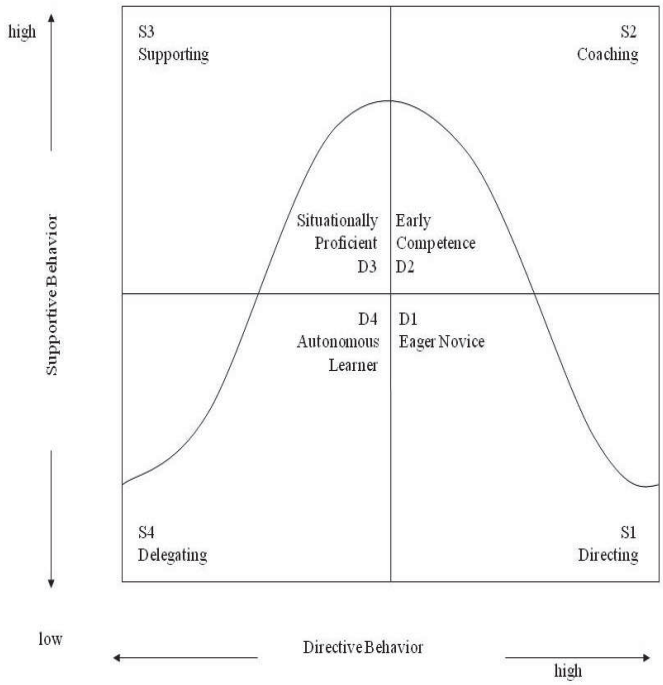

Figure 1. Situational Supervision Model (adapted from Blanchard, Zigarmi, Zigarmi, 1985)

Student Developmental Levels

The situational supervision model (Figure 1) is divided into four quadrants, with the athletic training student typically beginning his or her journey in the lower right quadrant. The novice student learning a new athletic training skill (taping, injury assessment procedures, etc.) in the classroom, and who is characteristically very enthusiastic and eager to perform in the clinical setting is seen as an *Eager Novice*. When asked to perform the skill in the clinical setting, the *Eager Novice* may stumble through the task because the task is new and not yet practiced. An athletic training student who falls in to the *Eager Novice* category is at the first developmental level, known as D1. The student moves into a D2 developmental level as skills are performed in the clinical setting. The student may realize that his or her depth of understanding was less than first anticipated, or the student was not able to complete the task as completely as expected. This students' self-confidence may be lower than the student in the D1 stage of development, and is labeled as having *Early Competence*. The *Early Competence* learner is someone who, for example, is in a first clinical learning experience and thought that his or her ankle taping skills were practiced enough to perform in a real setting, but stumbled through the tape job unable to complete heel locks without wrinkles. Similarly, an athletic training student in a third clinical learning experience, might be in the *Early Competence* stage when stumbling through a shoulder injury for the first time after gaining confidence with knee injury assessments. A *Situationally Proficient*, or a D3 learner, is an athletic training student who is becoming

more proficient and competent at performing the necessary tasks, but may hold back because of earlier self-doubt. This student may seem hesitant to tape an ankle, assess an injury or determine an appropriate course of action even after demonstrating a level of proficiency that shows competence. Finally, the athletic training student who is capable and self-confident becomes a D4 student or an *Autonomous Learner*. Here, the student has the knowledge, confidence and competence to complete the necessary athletic training skills in the clinical setting. An example of this type of development level is the student who volunteers to tape the ankles of opposing team members or to suggest a therapeutic exercise plan.

Students may be at different developmental levels with different skills, so the style of supervision provided by the ACI/CI in this model is dependent on the needs of the athletic training student. The type of supervision that is given as the student progresses through the model is depicted in the bell curve part of the situational supervision model. The bell curve summarizes the ACIs/CIs type and amount of directive (Figure 1, *x* axis) or supervisory behavior, and supportive (Figure 1, *y* axis) or motivational behavior given as the student progresses through the model. Directive or supervisory behavior is used to provide a student with the needed understanding of how to complete a task. Using the ankle taping example, this supervisory situation might call for the ACI/CI to help the student remember how to apply wrinkle-free heel locks.

The supervisor's support or motivation is described as the amount of attention shown to an athletic training student while a task is being completed and/or the recognition given to the student once the task is complete. Motivation can be indicated by positive feedback given to the student as heel locks finally find their appropriate anatomical landmarks. Failure to modify supervisory support or motivation can result in halting the progression of the student from one quadrant to the next sequential quadrant.

Supervision Styles

Supervision is termed S1 (directing), S2 (coaching), S3 (supporting), or S4 (delegating) to correspond with the student's developmental level. Therefore, an S1 supervisor uses *Directing* to make sure the *Eager Novice* student understands the task, but does not have to provide much support as the D1 student is motivated and enthusiastic to begin the task. This student simply needs attention and feedback regarding his or her performance. An S2 ACI/CI needs to provide a *Coaching* style of supervision to the D2 *Early Competence* student who is still learning the task and may be feeling frustrated if the task was more difficult than anticipated. This student needs feedback from the supervisor in the form of sincere, specific and timely praise to reinforce the desired outcome of the task at hand. An S3 supervisor uses S*upporting* for the D3 *Situationally Proficient* student who is gaining confidence, yet is still cautious about his or her abilities. Here, the ACI/CI needs to give the student clear, specific encouragement and recognition for the achievement of the desired task. A D4 student needs very little, if any, direction and support from the S4 ACI/CI. This *Autonomous Learner* has demonstrated his or her competence and commitment to the task and has become self-managed. A *Delegating* style of supervision is used here. Recognition for this level of student development should come in the form of an incentive that may include more autonomy, asking the student to teach or mentor others, creating opportunities for the selection of future tasks, and/or involving the student in decision-making situations.[24-25]

Implications for Athletic Training Education

Situational supervision is a supervisory model that is dependent on the student's needs and abilities. It is a cooperative interaction between the student and the ACI/CI. This model should be practiced in conjunction with discussions that include understanding the student's knowledge base, motivation and competence. Discussions should take place prior to the start of the clinical rotation and can occur in an open and honest atmosphere that is without accusation or embarrassment. Mutual goals can be set that include how much direction or support the student needs. With goals in place, appropriate praise and recognition can be given for accomplished tasks that help the student understand performance expectations that can result in higher satisfaction and production among both the student and the ACI/CI.[22,24,26-29]

Conclusion

The situational supervision model is one potential model that can be used in athletic training clinical education. The model focuses on matching students' clinical skills, self-confidence and competence with a supervision style that provides the appropriate amount of direction and support. Clinical instructors can be taught how to implement the four supervision styles as part of the ACI workshop. This formal training may prevent supervision inconsistencies so that students are supervised according to their skills and abilities.

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